

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Title of Invention	Therapeutically Useful Synthetic Oligonucleotide
	Named Inventor(s)	Nigel C. Phillips Mario C. Filion
	Attorney Docket	02811-0181
	Express Mail Label No.	EL561427048US

Jc929 U.S. PTO
09/735363
12/12/00

APPLICATION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims Small Entity status 3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 85 4. <input checked="" type="checkbox"/> Drawings Total Sheets 3 5. Oath or Declaration Total Pages 3 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. (i) <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) c. <input checked="" type="checkbox"/> Statement verifying identity of above copies 8. <input type="checkbox"/> Assignment: a. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) b. <input type="checkbox"/> Assignment is of record in parent application No. _____ 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney by assignee 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Other: _____
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Recite complete dependency back to first parent application: _____	
17. CORRESPONDENCE ADDRESS: <div style="display: flex; justify-content: space-between;"> <div> Leona G. Young, Ph.D. KILPATRICK STOCKTON LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, Georgia 30326 </div> <div> By: <u>Leona G. Young</u> Date: <u>December 12, 2000</u> Telephone: 404-949-3999 Facsimile: 404-949-2499 </div> <div> Reg. No. 37,266 </div> </div>	

FEE TRANSMITTAL

Attorney's Pocket No. 02811-0181

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): Nigel C. Phillips and Mario C. Fillion

Filing Date: December 12, 2000

Title: THERAPEUTICALLY USEFUL SYNTHETIC OLIGONUCLEOTIDES

The filing fee is calculated as shown below:

1. FILING FEE:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	355	\$710	
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
SUBTOTAL (1)		\$355		\$

2. CLAIMS:

SMALL ENTITY					LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	42 - 20 =	22	x 9 =	198	x 18 =	
INDEP. CLAIMS	6 - 3 =	3	x 40 =	120	x 80 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =		+270 =	
SUBTOTAL (2)				\$673		\$

3. ADDITIONAL FEES:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$		\$

TOTAL FILING FEES: \$673.00

A check is enclosed for the total amount: \$673.00

☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

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Date: December 12, 2000